



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



HOURLY AND VISITING NURSES IN HOLLAND

MISS KRUYSE, matron of the Wilhelmina Hospital, Amsterdam, Holland, sends us the following account of the well-systematized work there, both in hourly and in visiting nursing:

"As I have seen in the JOURNAL several times mention of the daily nursing, I think it will interest you and your readers to hear something about the modified system of district nursing we started at Amsterdam three years ago. Our nurses go to everybody, to the rich as well as to the poor, and the following charges are made by the committee of the Amsterdam District Nursing:

| | One visit per day. Dollars. | Two visits per day. Dollars. |
|--------------------|--------------------------------|---------------------------------|
| First class | .40 | .80 |
| Second class..... | .30 | .54 |
| Third class | .20 | .30 |
| Fourth class | .10 | .16 |
| Fifth class..... | .06 | .10 |
| Sixth class. | .04 | .06 |

WEEKLY CARDS.

| | One visit per day. Dollars. | Two visits per day. Dollars. |
|--------------------|--------------------------------|---------------------------------|
| First class | 2.40 | 4.80 |
| Second class..... | 1.80 | 3.30 |
| Third class | 1.00 | 1.60 |
| Fourth class | .60 | .90 |
| Fifth class | .36 | .60 |
| Sixth class..... | .20 | .30 |

"Assistance at confinements or operations from forty cents to two dollars. No charge is made for extra help if patients are already visited by the nurses. The nurses are not allowed to pay more than two visits per day, unless in special circumstances.

"Special visits are charged at the rate of one visit per day.

"Weekly cards are not issued for those visits.

"Patients or patients' friends are requested to decide which fee they want to pay. The poor only are nursed gratuitously.

"In order to keep the books properly, it is necessary to pay the nurse after the first or second visit.

“To show you that the poor are not neglected, I give you an account of the visits and earnings during March, April, and May of this year.

Total number of visits, 389 ; 3 extra visits.

Total number of visits, 455 ; 4 extra visits.

Total number of visits, 532 ; 4 extra visits.

Total number of visits, 171 ; 4 extra visits.

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| — | 6 | — | 18 | 136 | 109 | 114. |

Total number of visits, 387 ; 2 extra visits.

All the nurses together paid 1934 visits and 17 extra visits. They earned \$172.06.

APRIL.

District I.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 3 | 2 | 54 | — | — | 61 | 258. |

Total number of visits, 380 ; 3 extra visits.

District II.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| 9 | 20 | 129 | 67 | 115 | 15 | 93. |

Total number of visits, 447 ; 3 extra visits.

District III.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 15 | 15 | 45 | 117 | 78 | 129 | 110. |

Total number of visits, 509 ; 1 extra visit.

District IV.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 1 | 65 | 48 | 18 | 1 | 5 | 2. |

Total number of visits, 100 ; 4 extra visits.

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| — | 13 | — | — | 145 | 89 | 141. |

Total number of visits, 388 ; 5 extra visits.

The nurses all together paid 1824 visits ; 16 extra visits. They earned \$218.90.

MAY.

District I.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 3 | 13 | 64 | 6 | 5 | 32 | 295. |

Total number of visits, 426.

District II.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| 36 | 22 | 136 | 95 | 103 | 27 | 92. |

Total number of visits, 601 ; 1 extra visit.

District III.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|-----------------------------------------------|-----|------|-----|----|-----|---------------|
| 27 | 55 | 66 | 225 | 65 | 86 | 86. |
| Total number of visits, 614 ; 2 extra visits. | | | | | | |

District IV.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|-----------------------------------------------|-----|------|-----|----|-----|---------------|
| 2 | 44 | 84 | 28 | 5 | 1 | 27. |
| Total number of visits, 193 ; 3 extra visits. | | | | | | |

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|------------------------------|-----|------|-----|----|-----|---------------|
| — | — | — | 18 | 88 | 170 | 105. |
| Total number of visits, 381. | | | | | | |

The nurses paid altogether in May 2215 visits, and 6 extra visits. They earned \$205.10

"In the June number of the JOURNAL I noticed in the Editor's Miscellany that a woman interne is to be appointed in the municipal hospital service of New York for the first time.

"It will interest you to hear that since September, 1899, the second woman physician is working at present in the lying-in and gynæcological department, and that we have since February, 1901, a woman physician in the general hospital. She attends in the waiting-room and in the fever hospital, and visits the male ward as well, but there she does not attend genito-urinary cases, which are attended by a man. She has her rooms in the residency. The Wilhelmina Hospital is a municipal institution. "L. KRUYSSSE."

DISTRICT nurses in this country will be interested in the correspondence which appeared in *Nursing Notes* in September on the subject of how to improve the service in district nursing, how to attract the right kind of nurse, and also on the point often brought up, viz., should calls for the nurse only be made by the doctor, or should the nurse take calls from other sources? No doubt the workers in English district nursing would like also to hear the views of American nurses on these topics.

E. A. W. writes of the scarcity of nurses for district work:

"This is an indisputable and serious fact, and E. C. in the August number of *Nursing Notes* deserves the thanks of the profession for trying to find a remedy. I cannot, however, agree with her argument in the main.

"Her suggestion that the work should be made 'more attractive' sounds plausible, but it must not be carried out to the detriment of others' rights, and the object and aim of the charity. I consider that it would be a great mistake and injury if no one but the doctors might apply for a nurse.

"This privilege maintains the public interest and sympathy in the work, and conduces to bringing in funds sufficient to provide the requisite staff. It must be borne in mind that the nurses exist for the benefit of the poor as well as to help the doctors.

"The rule of the 'Queen's' secures that there should be no intrusion or thrusting of a nurse without the approval of the doctor, in contrast to the method of some parish nurses, which is, of course, most undesirable.

"Medical men, as a rule, when they have confidence in the nurses realize their position with the public, and are glad to have them at any cases when it is shown they would be of benefit. It often happens that when a child is the patient the doctor takes it for granted that the intelligent, tidy-looking mother must be capable of making her child clean and comfortable. That does not necessarily follow. She is afraid to sponge, and change the damp, soiled clothes, fearing to do harm, and when this is represented to the doctor he is glad of the suggestion of a nurse.

"It must rest with the superintendent, or, if need be, with the committee, to decide whether the cases are suitable to be taken on, or in excess of the nurse's powers.

"I should be glad to know why E. C. thinks cases would be 'more attractive' if sent in by the doctors! It seems to me that if cases of suffering do not interest a nurse she had better take up some other work."

S. W. writes:

"I was very much interested in the article by E. C. in the August number of *Nursing Notes*, but after many years' experience in district nursing work I cannot at all agree with the suggestion that cases should be received only through the doctors. It seems to me we should be falling far short of the ideal in the minds of those who started this work were we not to be ready to help every case of sickness and distress which comes in our way, however it may be brought to our notice.

"What of our long list of poor chronics? In some of these, especially 'parish' cases, the doctor might think it unnecessary to trouble a nurse, or he may forget to send the promised note, and in some distressing cases the nurse has found no doctor in attendance and has been the means of getting the patient into hospital or obtaining the necessary advice.

"I have heard too that in some districts the nurses are considered to be entirely under the control of the medical men and working specially for them, and this is not desirable. I have not known of a case where the doctor, finding that his patient has got the nurse to come, has resented her visits, but has always worked harmoniously with her, and surely doctors come and go as do others, and there may be some who first learn of the work of the district nurse through seeing the result of it on their patients."

"Having read with interest E. C.'s paper in the August number, it appears to me that her suggestions really resolve themselves into this—that district work can only be made more attractive by diminishing it.

"Though it is, no doubt, true that there is a tendency to overwork among nurses, it is open to doubt not only whether district nurses are more overworked than hospital nurses, but whether the impulse to extend work does not come as much or more from the nurses than from the committees.

"But leaving this point aside, E. C. suggests that the limit should be imposed by allowing applications to come through the doctor alone; she implies that this is the only way in which harmonious working can be attained, and that the suffering of 'a few' from the restriction would be fully compensated by increased harmony.

"No known scheme or regulation can guarantee completely harmonious relations among human beings; but it appears that in the main harmonious relations between doctors and nurses can be sufficiently safeguarded by a clear rule that the nurse is to work under the doctor's orders, and a general request that the doctor will give his directions in writing.

"On the other hand, there are very strong reasons for not restricting applications in the way suggested.

"Apart from questions of emergency, in which the roundabout method may waste all-important time, it is evident that the nurse, in the course of her work, can find out cases which need attention in a way impossible for a doctor; among these will be some of the poorest and most neglected, some too who may be first advised by the nurse to send for a doctor.

"Again, the force of E. C.'s argument rests on the assumption that all doctors are completely enlightened as to the advantages and possibilities of skilled district nursing. Such an assumption is quite unfounded; a doctor must often first get to know the advantages of employing the district nurse by experience of her work in cases to which he has not himself summoned her.

"Again, without undervaluing for a moment the skill and the kindness of the medical profession as a whole, it cannot be assumed that all doctors are either efficient or careful, and it must be admitted that the doctors who attend the poor in their own homes are not always the best of the profession; it could not be expected. Because a doctor has had no experience of the advantage of skilled district nursing, because he happens to be careless, is the patient, therefore, to be deprived also of the care of the nurse?

"But even a careful doctor cannot always gauge the increase of comfort to the patient from skilled nursing attendance. There are cases where the nurse is not necessary, where life and death do not depend on her, but where her attendance makes the whole difference, not only to present comfort but to future robustness, and one most valuable testimony to the real efficiency of district nursing is the number of applications sent in by patients and their friends.

"E. C.'s argument appears to me to rest on three fallacious assumptions: first, that there is nothing the district nurse desires so much as diminution of her work; secondly, that work cannot be properly regulated except by limiting opportunities; thirdly, that doctors do not still need to learn by experience the full value of district nursing.

"There is no analogy between the business-man, his clerk, and his affairs, and the doctor, the nurse, and the patient. The patient is not even for the time being the possession of the doctor, nor is nursing a sub-department of the doctor's business.

"M. B."

"May I be allowed as a district nurse of many years' standing to make a few remarks on the suggestions made by E. C. in your August number regarding the scarcity of nurses for district work?

"'Make the work more attractive,' E. C. says. How? By lessening the work, shortening the hours, for this is what her suggestions come to. I hardly think following such suggestions as these would make district nursing attractive to the nurse worthy of the name. The wrong, not the right sort of nurse, would be attracted.

"The really good district nurse is one who not only is a thoroughly trained nurse according to modern ideas, carrying out conscientiously the principles she has learned in hospital, but one who has also love and enthusiasm for the cause of humanity.

"Superintendents and committees are not the only members of a nursing association who are anxious to keep up and increase the number of cases. I worked for many years as one of a large staff of district nurses. We were as keen as the heads were that the work and standard should be kept up. All, as a rule, were more willing to work overtime when there was any press, and the superintendent was always ready to give help herself rather than let anyone be overworked. When the work was slack she was equally willing the nurses should have extra time off duty.

"Now I am a superintendent I am thankful to say my nurses are as keen as I am for cases to be numerous. There is never any complaint of too much work or too long hours, though eight hours is the regulation time. It is difficult sometimes to keep a nurse who is not very strong in bounds. It is not the delicate ones, but the selfish, idle ones who are afraid of overwork, but of these I have had little experience.

"District nursing will never be attractive to the purely professional nurse, neither is she wanted in the district. Great tact and unselfishness are required to make a good district nurse. At the same time, the excitement and varied intercourse of hospital life is entirely absent from that of the district, though the latter is most interesting as a study of humanity. Perhaps the qualities required to make a district nurse are rare, and therefore the demand is greater than the supply.

"H. T. B."

"May an old district nurse be allowed to express emphatic objection to the proposal of your correspondent, E. C., 'that every District Nursing Association should make this rule, that all cases must be sent in by the doctors; the work would then be on a steady, firm basis, and much valuable time and strength be saved.' No doubt the greater number of district nursing cases will always come through the doctors, but anyone with practical experience of district nursing will second me when I say that to *limit* the work of the nurses to those cases would be to cripple their usefulness in a grievous and wholly unnecessary manner. Many doctors send notice of acute cases to the District Home; few, comparatively, trouble thus to consider the needs as to skilled nursing of their chronic patients, of which needs they, indeed, often know little; and, further, strange as it may seem, there are a number of medical men working among the poor who do not take the trouble to send cases always themselves, yet welcome the nurse wherever they find her. I speak from an intimate knowledge of work among the poor in London, and I know that in the stress of life as it affects the general practitioner whose work lies chiefly among the poor, it is useless to expect that all the doctors will send all the cases they might to the District Homes. Is the nurse to refuse to wash a patient, to make the bed, to dress the wound, and to perform, in fact, the various offices which the friends would do *were they able*, because the doctor has not 'sent the case'? And what about the cases constantly found by the nurses on their rounds, and those brought by the clergy, district visitors, and other workers among the poor? Are all these to be referred to the doctor before being visited? Is there not even now delay enough in getting the nurse where she is wanted? To suppose that any doctor worthy the name could regard the nurse as an intruder, coming, as she does, to carry out his orders and to help the friends to do so, is absurd. Surely, if such doctors exist, they are in so small a minority that their opinion may be disregarded. I am happy to have no acquaintance with them nor with the nurses who 'thrust themselves or are thrust into services neither asked for nor required.'

"Let me tell you, madam, that the first promoters of district nursing intended the nurses to be for the benefit of the sick poor, and that, therefore, there should be as little difficulty as possible in obtaining their services. I do not consider there is any analogy between the relations of business man and clerk and those of doctor and nurse in the district, and I appeal to all district nurses of any standing and to my fellow-superintendents to join me in refuting E. C.'s statements. Her experience of the matter must have been as limited as evidently unfortunate.

"District nurses must possess sound health and they must not be overworked—though there will be times of pressure in this, as in all other professions; they must be well-cared for, for the sake of the poor they serve if for no other reason, but more than all, they must have that love of what George MacDonald calls 'divine service' which will carry them over the difficulties incidental to their work. It will not be easy to get good district nurses as long as excellence in any kind of work is rare, for theirs is work of which the more we see of it the more we feel that we only want *the best* to do it. There is much to be said upon this subject, but this letter is already too long.

"After twenty-five years' work as a district nurse, I trust, madam, that I am not presumptuous in signing myself, "AMATRIX PAUPERUM."

LETTERS

THE following interesting letter from a (to us) little-known corner of the earth is copied from the *Nurses' Journal*, the official organ of the R. B. N. A.:

"HOSPITAL ORTHODOXE DE ST. GEORGE,
"BEYROUT, SYRIA.

". . . It was nearly eight years before I returned to Syria and entered St. George's Hospital, and started carrying out my plans. Doubtless the varied and wide experience I acquired during that time was necessary for me, and in the meantime the hospital had grown, and the committee, after many efforts and many failures in trying to organize the hospital, were glad to give me complete power. . . .

"When I took up the hospital I had a problem to face. The hospital had to be reformed, that was clear; but was I to do it slowly and cautiously, or was I to make a clean sweep of everything to its very foundation and make a fresh start? There had been an English matron before me who had failed in her attempts.

"I thought the matter over for a fortnight, and finally came to the conclusion that to change the moral tone of the place it was best to make a clean sweep of everything and everybody. It was no easy matter, for some of them had been fourteen years in the hospital. But there was a young nun who had been some eighteen months in the hospital. I kept her, and whether I have done wisely or not is yet to be seen, but my intention was a kind one.

"The hospital was in a terrible condition both morally and in reality; the building was beautiful, but dirt, disorder, and chaos reigned everywhere. Male attendants and wicked old Syrian Sairey Gamps had full possession, and the unfortunate place lacked all the elements of a hospital—it was pathetic and laughable to a degree. I worked away for two months before I ventured to bring in the new nurses, besides which the idea was so new to them, and the hospital had such a bad name, that girls and their mothers shrank from the idea

of their coming. Finally I found several, and started them on the same morning. I put them at once in uniform, consisting of blue cotton dresses and Sister Dora caps, much to their own and everybody's admiration. I formed a class, and the first morning I went around with them and taught them bedmaking and doing the lockers. This is all I ever expected them to do of ward work, with the exception of keeping their medicine-cupboards and dressing-wagon clean and washing the surgical implements themselves; otherwise the servants did everything. The nurses were not ladies, but above the servant class. I could never have got them to do the work we did in English hospitals; but in any case, after a short probation, it would never be my principle to mix ward work and nursing together, because I consider that the one is done to the detriment of the other.

"But to go back to the training of my nurses, the only course open to me under the circumstances was to form a class and go about with them from bed to bed, doing everything with them, and it is perfectly marvellous how quickly they grasped the situation. In a few days I portioned out to them each their wards, and every morning they came to me for orders and every night for reports, after which I gave them a lecture on their cases, or lessons in bandaging, temperature taking, charting, etc., and later on the doctors gave them more advanced lectures.

"The nun, whom I at first made head nurse, I put on night duty, as she was older and more experienced, and I was better able to leave her in charge of the hospital at night. Here I may perhaps give my opinion and experience with reference to nuns as nurses, as it has been a much-discussed subject. A nurse is taught thoroughness, loyalty, and pride in her work. A nun does her work because she expects Heaven to reward her for it, therefore she is best with the dying and with chronic cases. She is patient, loving, and devoted, but she is not fit for the rush of acute cases, nor for up-to-date professional nursing. She must fast, attend many offices, and have retreats. Fasting may be the duty of a nun, but acute medical and surgical cases do not thrive where the nurse is faint for want of food, nor are nuns able to fast and attend operations. And this became my difficulty about my nun. As soon as I found out that my nurses were fasting, and noticed their white faces and the giddy, dazed way they went about their work, I put a stop to it by forbidding them ever to enter the wards without breakfast, or to refrain from eating meat except the first and last week of each fast, but this is what I was not able to do with the nun. Greek fasts are long, numerous, and severe to a degree; in some they may not even touch milk or eggs, vegetables, snails, and olives and fruit being all they are allowed. Their feasts and saints' days are also numerous. Consequently my nun was either on her knees in her room in front of a lighted image, or fasting, or at church, and I could never depend upon her for her work. She certainly was excellent with the dying and with the most trying patients, or with infectious cases, even the most loathsome, such as leprosy. She also had a great *prestige* with the patients, and prayed with them, and talked to them, and comforted them. On night duty she did best.

"As to the training of Syrian nurses, I think, on the whole, it may be considered a great success. Some of the small missionary hospitals in Palestine and Syria have had the training of isolated cases, and from what I hear they have proved satisfactory. Of course, none have had the position nor the systematic training the nurses at St. George's Hospital are having. I have put them on their mettle by telling them that they are in their own hospital, sup-

ported by native contributions, the committee and doctors being their own countrymen.

"They are bright, clever, and amiable in their dispositions, but the East consists of disorder and chaos; they are born in it, and cannot understand being punctual and methodical, and consequently want constantly being looked after. They are excellent at surgical work, love bandaging and dressing wounds, and take the keenest interest in their progress. At operations (with the exception of one nurse) they are astonishing; the quickness and deftness with which they learned how to hand the right instruments to the doctors and get everything ready for operations have surprised me.

"The operating-theatre has been fitted up with the latest and most costly sterilizers, table, and glass cases from Paris, and is their pride, for whichever one of them I have put in charge of the theatre has kept it spotless. The doctors used to have their colleagues to help them at their operations, but now they prefer the nurses' help. The surgeons are natives, of course, and since the new *régime* have been able to venture on the major and up-to-date operations. Of course, the nurses are still young and still lack experience, but after a year and eight months I have been able to leave the hospital for the whole summer in charge of an English lady who is not trained, and depend on the nurses for their work, for there is not an order which a doctor can give which they cannot execute. This goes to prove that when special and systematic attention is given to the training of women who have come to the years of discretion, and are fairly educated, the result can but be satisfactory.

"In taking up this hospital my work has not only been the training of Syrian girls as nurses, but I have been able to give the native doctors a helping hand, where, in their own hospital and no longer under European supervision, they have been able to feel their feet and progress in their work. As doctors and surgeons they are very clever, and both in England and in France have frequently passed their examinations with high honors, but as organizers or managers of the hospital they failed utterly. Such things as temperature charts, or cards for prescriptions and dietary, were unknown, and their habits and customs towards the patients were very funny. Syrians are all very clever and sharp, but exactly like big children, and women never take any part in practical affairs. In the East I found myself regarded as a phenomenon.

"I have tried to teach them that as long as they treat their women in the way they do they will never advance or get more than superficially civilized. Until I entered the hospital no ladies ever put their feet in the building, but now there is a ladies' committee, which has been providing the linen for the hospital and most of the furniture (for it was a bare, comfortless place). The rich Syrian ladies live in marble palaces, with the richest and gaudiest of French furniture. They have their dresses from Paris, and wear diamonds and jewels such as never are seen in England except at Court balls. They have grand balls and dinners and entertain European royalties, but with the exception of one of them, who had worked up a girls' school, not one of them had taken up any good works, and they spent their days and nights in playing cards and gambling. Then they took up this hospital, and it has now become their joy and their toy.

"E. W."

